Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/23/2009	Address:	CR1550W north of
Case #:	33F29760		SR54, Linton, IN
County:	Greene		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onar Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ✓ Lithium/Ammonia Reaction(s): Open Air ☐ Red Phosphorous/Iodine Reaction(s): ☐ Flammable Solvents: ☐ Water Reactive Mctal (Lithium): ☒ Anhydrous Ammonia: Open Air ☐ Hydrochloric Acid Gas Generator(s): Open Air ☐ Corrosive Acid: ☐ Other (item and location):			
☐ Yes _ ☐ No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/M ☑ Other:Lin	
This report is to be faxed to the following agencies that serve the location: Fire Department: Linton Fire Dept Fax: Hand delivered			
Health Dep	partment: Greene Co Health ection Service: Greene Co DCS	Fax: 812-3	84-2037
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jon Patrick</u> Phone <u>812-332-4411</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the ease file, and a copy sent to the Claudestine Laboratory Team Leader for retention.